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APR 28 2010

Statement of Organization - Legal Expense Fund

Use this form to create a new or update an existing Legal Expense Fund.

This form must be accompanied by form CRO-3500.

Amendment

☐ Yes

☒ No

1. Fund Information

a. Full Name <i>Robynn Spence Legal Defense Fund</i>		c. ID Number
b. Mailing Address (include City, State and Zip Code) <i>150 Mary's Lane Rutherfordton, N.C. 28139</i>		d. Date Organized <i>4-18-2010</i>
		e. Phone Number <i>828-245-3076</i>
f. Purpose <i>Legal Defense for Clerk of Court</i>		

2. Affiliated Entity Information

a. Candidate Name <i>Robynn Spence</i>	b. Candidate's Political Committee Name <i>Robynn Spence Clerk of Court</i>
c. Office Sought/Held <i>Clerk of Court</i>	d. Any Other Affiliated Entity
e. Mailing Address (include, City, State, and Zip Code) <i>150 Mary's Lane Rutherfordton, N.C. 28139</i>	

3. Treasurer Information

a. Full Name <i>David Lee Reno</i>		4. Custodian of Books Information	
b. Mailing Address (include City, State, and Zip Code) <i>P.O. Box 400 Bostic, N.C. 28018</i>		a. Full Name	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address

5. Assistant Treasurer Information

a. Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove	6. Account Information (incl. CRO-3500)		<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		a. Financial Institution Full Name <i>First National Bank</i>			
c. Phone Number		b. Purpose <i>Legal Defense</i>			
d. Email Address		c. Account Code		d. Type	

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22M, including that no funds are commingled with candidate committee funds or other non-disclosed funds. I further say that this report is complete, true and correct.

David L. Reno

Printed Name of Signer

David L. Reno

Signature of Appointed Treasurer

4-28-2010

Date



North Carolina
State Board of Elections

506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name: Robynn Spence

Treasurer Name: David Lee Reno

Treasurer Address: P.O. Box 400

(include city, state, & zip) Bostic, N.C. 28018

Treasurer Phone: 828-245-3076

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

4-28-2010

Date Signed

Robynn Spence
Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



North Carolina
State Board of Elections
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Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the nine allowable methods outlined in 163-278.16B(a).

Candidate Name: Robynn Spence
Committee Name: Robynn Spence Legal Defense Fund
Treasurer Name: David Lee Reno

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: _____

Level Registered: [State] [County] If county, specify: Rutherford

I, Robynn Spence, hereby direct that in the event of my death or incapacity all
(Name of Candidate)
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>(6) Return to contributor</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: _____

Date: _____

4-28-2010

Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.

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Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information.

Amendment
☐ Yes ☒ No

1. Committee Information			
a. Full Name <u>Robynn Spence Legal Defense Fund</u>		c. ID Number	
b. Mailing Address (include City, State and Zip Code) <u>150 Mary's Lane Rutherfordton, N.C. 28139</u>		d. Date Filed <u>4-28-2010</u>	
		e. Phone Number <u>828-245-3076</u>	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
<u>2010</u>	<u>04/29/2010</u>	<u>06/30/2010</u>	<u>David Lee Reno</u>
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input checked="" type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
<u>0</u>			
11. Account Information		11. Account Information	
a. Financial Institution Full Name <u>FIRST NATIONAL BANK</u>		a. Financial Institution Full Name	
b. Purpose <u>Legal Defense Fund</u>	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance \$ <u>0</u>		d. Period Begin Balance \$
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.			
<u>David L. Reno</u> Printed Name of Signer		<u>David L. Reno</u> Signature of Appointed Treasurer	
		<u>4-28-2010</u> Date	
FOR OFFICE USE ONLY			
Date Received: <u>4/28/10</u>	Employee: <u>DL</u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training	
Date Postmarked: _____	Employee: _____		
Date Scanned: _____	Employee: _____		
Date Data Entered: _____	Employee: _____		
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

Detailed Summary

Amendment

☐ Yes

☐ No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Robynn Spence Legal Defense Fund		Organizational			
Start of Election Cycle: January 1, 2010			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 0		\$
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 10.00		\$	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$ 10,000.00		\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 10,010.00		\$	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 10,000.00		\$	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 10,000.00		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 10.00		\$	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 10,000.00			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

Contributions from Individuals

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Robynn Spence Legal Defense Fund						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Robynn Spence 150 Mary's Lane Rutherfordton, N.C. 28139 828-288-4656			Clerk of Court			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Citizens		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Check		04/19/2010	\$ 10 ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 10 ⁰⁰	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 10 ⁰⁰	

Loan Proceeds

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Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Robynn Spence Legal Defense Fund					
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Robynn Spence 150 Mary's Lane Rutherfordton, N.C. 28139 828-288-4656		Clerk of Court			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
				04/20/2010	
				f. End Date (mm/dd/yyyy)	
				07/19/2010	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
18.1077%			Check	\$ 10,000 ⁰⁰	
l. Full Name of Lending Institution				m. Loan Number	
Robynn L. Spence					
4. Endorsers/Makers (The people who guarantee the loan.)					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
Robynn Spence 150 Mary's Lane Rutherfordton, N.C. 28139 828-288-4656		Clerk of Court			
		d. Percentage		e. Amount	
		100 %		\$ 10,000 ⁰⁰	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		% \$			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		% \$			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		% \$			
5. Total of ALL CRO-1410 Pages				\$ 10,000 ⁰⁰	
(This line must be on line 9 of Detailed Summary Page CRO-1100)					

Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

- Name of committee to receive loan:

Robynn Spence Legal Defense Fund

- Person lending money to committee (Lender):

Robynn Spence

- Date of loan to committee: 4-20-2010

- Name of lending institution and account number (source):

FIRST NATIONAL BANK

- Amount of loan: 10,000.00

- Names of all parties responsible for payment of loan (guarantors):

Robynn Spence

- Period of loan: 90 days

- Rate of interest of loan: 18.1077%

- Security pledged for loan: N/A

I, Robynn L. Spence, acknowledge that all of the information
(Person lending money to committee)

provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Robynn L. Spence
Signature of Lender

David H. Reno
Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.

Disbursements

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Robynn Spence Legal Defense Fund							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Roger W Knight, P.A. 8510 Six Forks Rd, Suite 102 Raleigh, N.C. 27615 919-518-8040				b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	Check	0	04/20/2010	\$10,000 ⁰⁰	Attorney Fees		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$ 10,000 ⁰⁰	
6. Total of ALL CRO-1310 Pages						\$ 10,000 ⁰⁰	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		O* - Other	
* Codes require detailed explanation in required remarks field (k)							

Outstanding Loans

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Robynn Spence Legal Defense Fund			
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Robynn Spence 150 Mary's Lane Rutherfordton, N.C. 28139 828-288-4656		Clerk of Court	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			04/20/2010
			f. End Date (mm/dd/yyyy)
			07/19/2010
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
18.1077%		\$ 10,000 ⁰⁰	\$ 10,000 ⁰⁰
k. Full Name of Lending Institution			l. Loan Number
Personal			
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 10,000 ⁰⁰
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)			\$ 10,000 ⁰⁰